

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/31/2012	
NAME OF PROVIDER OR SUPPLIER  CROWNPOINTE OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 7365 E 16TH ST INDIANAPOLIS, IN 46219			
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R0000	<p>This visit was for the Investigation of Complaint IN00120489.</p> <p>Complaint IN00120489 - Substantiated. State deficiencies related to the allegation are cited at R241.</p> <p>Survey Dates: December 28, 31 2012</p> <p>Facility number: 005729 Provider number: 005729 AIM number: NA</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: Residential: 63 Total: 63</p> <p>Census payor type: Other: 63 Total: 63</p> <p>Sample: 9</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 1/04/13 by Suzanne Williams, RN</p>			R0000	<p>Neither signing or submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure residents, who were dependent on insulin injections for control of diabetes mellitus and were not competent to administer their own injections, received appropriate nursing services and had physician's orders followed, for 2 residents (Residents H and J) of 5 reviewed for administration of insulin in a sample of 9.</p> <p>Findings include:</p> <p>1. The record of Resident H was reviewed on 12/31/12 at 10:15 a.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, chronic obstructive pulmonary disease, hypertension, coronary artery disease, and dementia.</p> <p>A physician's recapitulation of orders for December 2012 indicated Resident H was to test her blood</p>	R0241	<p>On 1-8-2013 CrownPointe of Indianapolis Resident Services Director re-assessed Resident H per a new Medication Self Administration Assessment, to include assessment of accu-checks and insulin injections. Resident H demonstrated a clear understanding of her physician orders for accu-checks and insulin injections. Additionally on 1-8-2013 CrownPointe of Indianapolis Resident Services Directore re-assessed Resident J per a new Medication Self Adminstration Assessment, to include assessment of accu-checks and insulin injections. Resident J demonstrated a clear understanding of her physician orders for accu-checks and insulin injections. All residents who have physician orders for accu-checks and/or insulin injections were reassessed between January 8, 2013 - January 11, 2013; for understanding and ability to perform accu-checks and/or insulin injections, with or without</p>		01/14/2013		

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	<p>sugar twice daily, and was to take 10 units of Levemir insulin at 10:00 p.m. each day by injection.</p> <p>A "Notice of Action Supplemental Information for Providers" form from the State Medicaid Agency, dated 9/25/12 and noted to be a Plan of Care for the period of 9/24/12 through 8/31/13, indicated "...Clt (client) does require assistance with med prep...It was reported through the clt's dtr (daughter) that the clt has been repeatedly hospitalized in the past for not taking meds (medications) as prescribed..."</p> <p>A "Medication Self Administration Assessment" dated 12/12/12, indicated Resident H had diagnoses of dementia and depression, was not independent in medication administration, and was not independent for self administration after receiving pre-dispensed medication using the Doc-Dose system. The form indicated "Special medication needs: Staff will administer medications as scheduled."</p> <p>Resident H's record contained no documentation of any plan or intervention for the administration of Resident H's insulin injections as</p>			<p>supervision. No other residents were identified to be affected.A new tracking system has been developed for all residents who have physicians orders for accu-checks and/or insulin injections, to ensure proper documentation of accu-checks and/or insulin injections.The Resident Service Director, Executive Director or designee will review documentation weekly on-going.</p>			

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	<p>required by the "Medication Self Administration Assessment" of 12/12/12.</p> <p>During an interview with the Resident Services Director on 12/31/12 at 3:45 p.m., she indicated she had completed the "Medication Self Administration Assessment" of 12/12/12 for Resident H personally, and that it accurately represented her assessment at that time. She indicated she had no documentation of any facility plans or interventions to meet Resident H's needs related to her insulin injections, and the facility had not been administering the injections following the assessment.</p> <p>2. The record of Resident J was reviewed on 12/31/12 at 11:30 a.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, chronic obstructive pulmonary disease, hypertension, coronary artery disease, chronic kidney disease, depression, obesity, schizoaffective disorder, and borderline personality disorder.</p> <p>A "Notice of Action Supplemental Information for Providers" form from the State Medicaid Agency, dated 8/02/12 and noted to be a Plan of</p>						

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	<p>Care for the period of 10/01/12 through 9/30/13, indicated "...Clt has impaired decision making d/t (due to effect of Psych (psychiatric) disorders...."</p> <p>Medication Administration records for December 2012 indicated Resident J was to check her blood sugar twice a day, and was to administer 45 units of Levemir insulin each morning.</p> <p>A form in Resident J's record, headed "(Resident J) New SS (sliding scale) Insulin Orders," dated 8/23/12, indicated Resident J was to receive supplemental Novolog insulin on a sliding scale based on blood sugar tests as follows:</p> <p>"150-174= 4 units</p> <p>175-199= 5 units</p> <p>200-224= 7 units</p> <p>225-249= 8 units</p> <p>250-274= 10 units</p> <p>275-299= 11 units</p> <p>300-324= 13 units</p> <p>325-349= 14 units</p>						

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	<p>350-374= 15 units</p> <p>375-399= 17 units</p> <p>Notify MD if BS (blood sugar) over 400."</p> <p>During an interview on 12/31/12 at 3:45 p.m., the Resident Services Director observed the above noted form and indicated "This is this first time I have seen this."</p> <p>A "Call Documentation" form, dated 8/23/12, from Resident J's treating physician and noted to be faxed to the facility on that date, indicated "...WWBSSI (weight based sliding scale insulin) is not going to work to correct (Resident J's) sugars because she is highly non-compliant with her diet...does nursing staff at (name of facility) know how to carb (carbohydrate) count?... (Resident J) cannot carb count...low blood sugars will kill her quicker than high ones...if...nursing staff cannot carb count, there is no point to put her on Sliding Scale insulin, they will be chasing her sugars all day because she can't eat correctly...."</p> <p>A lab test dated 10/02/12 indicated Resident J had a glycohemaglobin</p>						

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	<p>A1C (blood sugar) value of 9.7, noted as "High", with 3.0 to 7.0 as a reference range, and greater than 7.4 to be "Poor Control."</p> <p>Records indicated Resident J was admitted to an acute care hospital from 10/16/12 through 10/19/12. A hospital History and Physical dated 10/16/12 indicated "...Assessment/Plan...Diabetes: Will place on regular insulin sliding scale...."</p> <p>Hospital records indicated Resident J was placed on the same sliding scale noted above, as follows:</p> <p>"150-174= 4 units</p> <p>175-199= 5 units</p> <p>200-224= 7 units</p> <p>225-249= 8 units</p> <p>250-274= 10 units</p> <p>275-299= 11 units</p> <p>300-324= 13 units</p> <p>325-349= 14 units</p> <p>350-374= 15 units</p>						



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	<p>375-399= 17 units</p> <p>BG (blood gas) over 400 Call Physician."</p> <p>Hospital records indicated Resident J received supplemental insulin on 10 occasions during her 4 day hospital stay, as follows:</p> <p>10/16/12 8:46 a.m.: 10 units</p> <p>10/16/12 9:21 p.m.: 8 units</p> <p>10/17/12 8:52 a.m.: 13 units</p> <p>10/17/12 1:07 p.m.: 8 units</p> <p>10/17/12 9:57 a.m.: 11 units</p> <p>10/18/12 9:20 a.m.: 14 units</p> <p>10/18/12 1:57 p.m.: 8 units</p> <p>10/18/12 5:25 p.m.: 1 units</p> <p>10/19/12 9:09 a.m.: 11 units</p> <p>10/19/12 2:06 p.m.: 7 units</p> <p>During an interview with Resident J on 12/31/12 at 10:45 a.m., with the Resident Services Director present, Resident J indicated she did not get</p>						

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	<p>regular reminders from staff to test her blood sugar or take her insulin, had in her "recent memory" blood sugars ranging from 200 to 500, a high value "in the last 2 weeks" of 450, that this morning's value was 250, and that she did not always test her blood sugar or administer her insulin. She indicated when her blood sugars were high, she did not always tell facility staff.</p> <p>During an interview with the Resident Services Director on 12/31/12 at 3:45 p.m., she indicated she had no additional documentation of any plans or interventions to ensure Resident J's blood sugar testing and insulin administration were being performed as ordered, and indicated she was aware Resident J had no sliding scale insulin coverage in her current medication administration orders.</p> <p>An undated facility policy titled "Medication Administration," received from the Resident Services Director on 12/28/12 at 1:15 p.m., indicated:</p> <p>"Policy: Residents of the facility shall receive medications as ordered by their physician to treat specific medical conditions...If incapable to self-administer medications with or without reminders, a licensed nurse</p>						

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	<p>or qualified medication aide shall be expected to administer medications as ordered by the physician...if the resident does not meet the criteria for independent administrations of the medication(s), medication administration will be executed by a licensed nurse or a qualified medication aide..."</p> <p>The "Medication Administration" policy contained no reference to injectable medications, including insulin. During an interview with the Resident Services Director on 12/31/12 at 3:45 p.m., she indicated the facility had no additional written policy concerning the administration of insulin. She also indicated facility practice recognized qualified medication aides could not prepare or administer insulin, and that there was not always a licensed nurse in the facility who could administer insulin for residents who were not assessed as capable of administering their own medications.</p> <p>This state residential tag relates to Complaint IN00120489.</p>						